

Foster Family Home - Corrective Action Report

Provider ID: 1-170039

Home Name: Loidhel Ramoran, RN

Review ID: 1-170039-2

94-414 Kahuanani St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 5/21/2018

End Date:

11/13/18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 2 person CCFFH recertification survey. A corrective action report was issued during the visit with a corrective action plan due to CTA by 6/21/18.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(1) & 7.1(a)(2)-No exemption present for CG#4 which is required for his fieldprint results.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

CG #3

Comment:

41(b)(7)-No documentation of current TB clearance in the home's folder-last done 3/10/17.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-No documentation of RN delegation for CG#3.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

5/21/18
Date

5/21/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: LORIDHEL RAMORAN
CCFFH Address: 94-414 KAHUANAHU PT - WAIPIAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) 7.1(a)(2)	Fieldprint exemption request was sent last 6/11/18 for CG #4. Approval for the exemption for CG #4 was done 10/16/2018	10/16/18	Will file exemption within 1 month of receiving red light from fieldprint.
41(b)(7)	Current TB clearance was obtained for CG #3 and filed in chart.	06/05/18	I will flag the due date for the TB for my PCG and Recruitment members in my folders.
43(c)(3)	RS delegation was obtained / done for CG #3 by client CNA. It was placed into the client record.	6/15/18	The PCG will schedule the RS delegation for any new CG within 7 days of a client being admitted to the home.

Primary Caregiver's Signature: Loridhel Ramoran

Print Name: LORIDHEL RAMORAN

Date of Signature: 10/23/2018